



OFFICIAL SCHOOL WITHDRAWAL FORM

Name: _____ SSN: _____

Address: _____
Street City/ State /Zip Code

Date of Birth: _____ Age: _____

Telephone: _____

Last grade level completed: _____ Last School Attended: _____

School Address: _____
Street City/State /Zip Code

Last Date of School Attendance: _____ Date of Referral: _____

Reason for Withdrawal: _____

Signature of Superintendent/Designee

Date

For PCS only:

Date _____ Meeting with Graduation Coach/ _____
Graduation Coach Signature

Date _____ STAR Academy Program Reviewed/ _____
STAR Academy Coordinator

Date _____ Individual Graduation Plan/Diploma Discussed/ _____
Principal Signature

Date _____ Pender County Schools/ _____
Chief Officer for Student Learning & Accountability